

# **NPDES STORM WATER CONSTRUCTION COMPLIANCE INSPECTION REPORT FOR CONTRACTORS**

**NPDES PERMIT No.:** \_\_\_\_\_ **DATE OF INSPECTION:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**PROJECT DESCRIPTION (check one):** \_\_\_ **Residential** \_\_\_ **Commercial** \_\_\_ **Other:** \_\_\_\_\_

## **I. TYPE OF INSPECTION:**

- \_\_\_ 1) At least once every 7 calendar days, or  
\_\_\_ 2) At least once every 14 calendar days and within 24 hrs of the end of a storm event of 0.5 inches or greater.

## **II. WEATHER CONDITIONS**

- 1) Weather conditions during inspection: \_\_\_\_\_  
2) Weather conditions since last inspection, including rainfall information: \_\_\_\_\_  
\_\_\_\_\_

## **III. SITE AND PLAN REVIEW**

*Are the following required items available for regulatory review:*

- Y N** 1) SWPPP  
**Y N** 2) Copy of the General Permit  
**Y N** 3) NOI  
**Y N** 4) DHEC Coverage Letter  
**Y N** 5) Co-permittee agreements or contractor certification statements  
**Y N** 6) Weekly inspection forms

## **IV. BEST MANAGEMENT PRACTICES**

- Y N** 1) Is the Construction entrance/exit properly installed according to plans  
**Y N** 2) Is the perimeter silt fence and/or other controls properly installed  
**Y N** 3) Did any BMPs fail to operate as designed or prove inadequate? \*If **Yes**, Identify BMPs and location(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Y\* N** 4) Are additional BMPs needed? \*If **Yes**, identify BMPs needed and which location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Y\* N** 5) Do any BMPs require maintenance? \* If **Yes**, provide location(s) and description(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Y N** 6) Is construction activity following the phasing and sequencing plan?  
**Y N** 7) Has construction activity on the site ceased for 14 days or more?

**Y N\*** 8) If activity has ceased, have temporary stabilization measures been installed within 14 days? \*If **No**, identify location(s) needing stabilization: \_\_\_\_\_  
\_\_\_\_\_

**Y N\*** 9) Are litter, construction debris, oils, fuels, building products & construction chemicals being properly addressed and/ or removed? \*If **No**, identify location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **V. FINAL STABILIZATION**

**Y\* N** Have all land disturbing activities at the site permanently ceased? \*If **Yes**, complete the following questions:  
**Y N** 1) Are there any areas of active erosion evident? If **Yes**, location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Y N** 2) Does the permitted area have 70% permanent vegetative cover (i.e. grass or other cover) **OR** have equivalent measures such as riprap, or geotextiles been installed?

## **VI. OFFSITE IMPACTS FROM PROJECT**

1) Are there any offsite impacts? \_\_\_ **No** \_\_\_ **Yes**, where? \_\_\_ Public Right of Way \_\_\_ Adjoining Property Owner  
\_\_\_ Wetlands \_\_\_ Creek/River \_\_\_ Lake/Pond \_\_\_ Other (please specify): \_\_\_\_\_  
2) If answering “**Yes**” to the previous question, indicate the location and describe the impact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **VII. DEFICIENCIES/ CORRECTIVE ACTIONS**

Were deficiencies noted in this inspection previously listed in a monthly report? \_\_\_ Yes \_\_\_ No  
Corrective Action needed as a result of this inspection, including date to be completed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **VIII. STORM WATER POLLUTION PREVENTION PLAN UPDATES**

**Y N** 1) Does the SWPPP need to be modified as a result of the inspection?  
**Y N** 2) Has the SWPPP been modified since the last inspection? If so, note the date(s): \_\_\_\_\_

## **IX. COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inspector:** \_\_\_\_\_ **Title/Qualifications:** \_\_\_\_\_